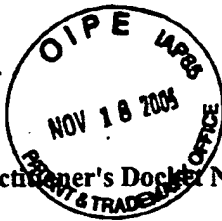


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Practitioner's Docket No. 44046.203.143.22

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hartig et al.

Application No.: 10/759,971

Group No.: 1771

Filed: 01/15/2004

Examiner: Andrew T. Piziali

For: HAZE-RESISTANT TRANSPARENT FILM STACKS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

11/21/2005 HGUENA1 00000005 10759971

Fee: \$120.00

03 FC:1251

120.00 00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

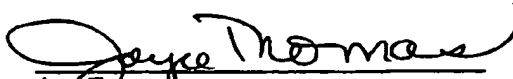
37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

Date:

11/16/05

Signature


Joyce Thomas

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDIT. FEE	
TOTAL	23	- 20	= 3	x	\$ 50.00	= \$	150.00
INDEP.	5	- 3	= 2	x	\$ 200.00	= \$	400.00
				***Multi dependent claim			
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ CO***	= \$	0.00
				TOTAL			
				ADDIT. FEE		\$	550.00

Total additional fee for claims required \$550.00

FEE PAYMENT

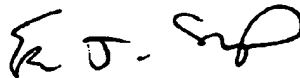
5. Attached is a check in the sum of \$670.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional fee for claims is required, charge Account No. 06-1910.



Customer No.: 022859

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